

DEC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1800
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township 1 Primary Registration District No. 3008
 (c) City Fulton Mo (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yr. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 600 Aubrey E. Gray St. _____
Randolph County, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Gray
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1889
 7. AGE YEARS 49 MONTHS 6 DAYS 65 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm. Gray
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thoms Hill, Mo.

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek Cemetery DATE Jan 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. M. Manstein 700 Cent St. Fulton, Mo.

20. FILED Jan 20, 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1939 to Jan 17, 1939
 I first saw him alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 9:50 am.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance: 1/2 C

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Burch, M. D.

(Address) State Hosp No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 1/19/39

....., Registered Apprentice No.
working under my personal supervision.

Signed

Glen Y. Maupin

Licensed Embalmer No. 2925

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.